

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION

Case number (*if known*) \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this is an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

**Connie**

First name

**Ann**

Middle name

Bring your picture identification to your meeting with the trustee.

**Cummings**

Last name and Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):****Gary**

First name

**Ross**

Middle name

**Willmon**

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-1879****xxx-xx-9469**

Debtor 1  
Debtor 2Cummings, Connie Ann & Willmon, Gary Ross

Case number (if known) \_\_\_\_\_

**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

- I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live****14 Kandes Ct  
Durham, NC 27713-9722**

Number, Street, City, State &amp; ZIP Code

**Durham**

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy****Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**  I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- No.  
 Yes.

|          |                                                  |      |                 |             |                 |
|----------|--------------------------------------------------|------|-----------------|-------------|-----------------|
| District | <b>North Carolina Middle District Bankruptcy</b> | When | <u>10/01/19</u> | Case number | <u>19-80733</u> |
| District | _____                                            | When | _____           | Case number | _____           |
| District | _____                                            | When | _____           | Case number | _____           |

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- No  
 Yes.

|          |       |                     |       |                       |       |
|----------|-------|---------------------|-------|-----------------------|-------|
| Debtor   | _____ | Relationship to you | _____ |                       |       |
| District | _____ | When                | _____ | Case number, if known | _____ |
| Debtor   | _____ | Relationship to you | _____ |                       |       |
| District | _____ | When                | _____ | Case number, if known | _____ |

**11. Do you rent your residence?**

- No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State &amp; ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State &amp; Zip Code

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

|                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. What kind of debts do you have?                   | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."                                                                                                            |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|                                                       | <input type="checkbox"/> No. Go to line 16b.<br><input checked="" type="checkbox"/> Yes. Go to line 17.                                                                                                                                                                                          |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|                                                       | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.                                                                                                    |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|                                                       | <input type="checkbox"/> No. Go to line 16c.<br><input type="checkbox"/> Yes. Go to line 17.                                                                                                                                                                                                     |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|                                                       | 16c. State the type of debts you owe that are not consumer debts or business debts                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| <hr/>                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| 17. Are you filing under Chapter 7?                   | <input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.<br><br>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?                             |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|                                                       | <input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?<br><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| 18. How many Creditors do you estimate that you owe?  | <input checked="" type="checkbox"/> 1-49<br><input type="checkbox"/> 50-99<br><input type="checkbox"/> 100-199<br><input type="checkbox"/> 200-999                                                                                                                                               | <input type="checkbox"/> 1,000-5,000<br><input type="checkbox"/> 5,001-10,000<br><input type="checkbox"/> 10,001-25,000                                                                                                        | <input type="checkbox"/> 25,001-50,000<br><input type="checkbox"/> 50,001-100,000<br><input type="checkbox"/> More than 100,000                                                                                                |
| 19. How much do you estimate your assets to be worth? | <input type="checkbox"/> \$0 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 - \$500,000<br><input type="checkbox"/> \$500,001 - \$1 million                                                                                        | <input type="checkbox"/> \$1,000,001 - \$10 million<br><input type="checkbox"/> \$10,000,001 - \$50 million<br><input type="checkbox"/> \$50,000,001 - \$100 million<br><input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> More than \$50 billion |
| 20. How much do you estimate your liabilities to be?  | <input type="checkbox"/> \$0 - \$50,000<br><input type="checkbox"/> \$50,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 - \$500,000<br><input type="checkbox"/> \$500,001 - \$1 million                                                                                        | <input type="checkbox"/> \$1,000,001 - \$10 million<br><input type="checkbox"/> \$10,000,001 - \$50 million<br><input type="checkbox"/> \$50,000,001 - \$100 million<br><input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion<br><input type="checkbox"/> \$1,000,000,001 - \$10 billion<br><input type="checkbox"/> \$10,000,000,001 - \$50 billion<br><input type="checkbox"/> More than \$50 billion |

**Part 7: Sign Below**

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Connie Ann Cummings****Connie Ann Cummings**

Signature of Debtor 1

**/s/ Gary Ross Willmon****Gary Ross Willmon**

Signature of Debtor 2

Executed on January 6, 2020  
MM / DD / YYYYExecuted on January 6, 2020  
MM / DD / YYYY

Debtor 1  
Debtor 2Cummings, Connie Ann & Willmon, Gary Ross

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Carena Lemons**

Signature of Attorney for Debtor

Date

**January 6, 2020**

MM / DD / YYYY

**Carena Lemons**

Printed name

**The Lemons Law Firm, PLLC**

Firm name

**1921 N Pointe Dr Ste 201  
Durham, NC 27705-2690**

Number, Street, City, State &amp; ZIP Code

Contact phone \_\_\_\_\_

Email address

**carena@thelemonslawfirm.com****Carena Lemons**

Bar number &amp; State



**Urgent Credit Counseling, Inc.**

**Certificate of Counseling**

**Certificate Number: 15557-NCM-CC-30001083**

I CERTIFY that on 01/06/2020, 1:39 pm, Connie Cummings received from Urgent Credit Counseling, Inc., an agency approved pursuant to 11 U.S.C. Sec. 111 to provide credit counseling in the Middle District of North Carolina, an individual briefing (including a briefing conducted by Internet) that complied with the provisions of 11 U.S.C. Sections 109(h) and 111. A debt repayment plan was not prepared.

By: /s/ Date: 01/06/2020

Jacquelyn Watercaster

Title: Counselor

\* Individuals who wish to file a bankruptcy case under Title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. Sections 109(h) and 521(b).



**Urgent Credit Counseling, Inc.**

**Certificate of Counseling**

**Certificate Number: 15557-NCM-CC-30001084**

I CERTIFY that on 01/06/2020, 2:21 pm, Gary Willmon received from Urgent Credit Counseling, Inc., an agency approved pursuant to 11 U.S.C. Sec. 111 to provide credit counseling in the Middle District of North Carolina, an individual briefing (including a briefing conducted by Internet) that complied with the provisions of 11 U.S.C. Sections 109(h) and 111. A debt repayment plan was not prepared.

By: /s/ Date: 01/06/2020

Tiffany Terrell

Title: Counselor

\* Individuals who wish to file a bankruptcy case under Title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. Sections 109(h) and 521(b).

|                                                        |                                                                |  |
|--------------------------------------------------------|----------------------------------------------------------------|--|
| <b>Fill in this information to identify your case:</b> |                                                                |  |
| Debtor 1                                               | <b>Connie Ann Cummings</b><br>First Name Middle Name Last Name |  |
| Debtor 2<br>(Spouse if, filing)                        | <b>Gary Ross Willmon</b><br>First Name Middle Name Last Name   |  |
| United States Bankruptcy Court for the:                | MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION             |  |
| Case number<br>(if known)                              |                                                                |  |

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

|     |                                                               | <b>Your assets</b><br>Value of what you own |
|-----|---------------------------------------------------------------|---------------------------------------------|
| 1.  | <b>Schedule A/B: Property</b> (Official Form 106A/B)          | \$ <b>246,894.00</b>                        |
| 1a. | Copy line 55, Total real estate, from Schedule A/B.....       | \$ <b>246,894.00</b>                        |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ <b>10,600.00</b>                         |
| 1c. | Copy line 63, Total of all property on Schedule A/B.....      | \$ <b>257,494.00</b>                        |

#### Part 2: Summarize Your Liabilities

|     |                                                                                                          | <b>Your liabilities</b><br>Amount you owe          |
|-----|----------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 2.  | <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)                    | \$ <b>263,527.60</b>                               |
| 2a. | Copy the total you listed in Column A of claim at the bottom of the last page of Part 1 of Schedule D... | \$ <b>263,527.60</b>                               |
| 3.  | <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)                          | \$ <b>0.00</b>                                     |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....          | \$ <b>0.00</b>                                     |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....       | \$ <b>132,905.00</b>                               |
|     |                                                                                                          | <b>Your total liabilities</b> \$ <b>396,432.60</b> |

#### Part 3: Summarize Your Income and Expenses

|    |                                                                   |                    |
|----|-------------------------------------------------------------------|--------------------|
| 4. | <b>Schedule I: Your Income</b> (Official Form 106I)               | \$ <b>3,743.56</b> |
|    | Copy your combined monthly income from line 12 of Schedule I..... | \$ <b>3,743.56</b> |

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Cummings, Connie Ann & Willmon, Gary**  
 Debtor 2 **Ross**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11;**OR**, Form 122C-1 Line 14.

\$ 1,284.53

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| From Part 4 on Schedule E/F, copy the following:                                                                             | Total claim     |
|------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$ <u>0.00</u>  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$ <u>0.00</u>  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$ <u>0.00</u>  |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$ <u>0.00</u>  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u>  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ <u>0.00</u> |
| <b>9g. Total.</b> Add lines 9a through 9f.                                                                                   | \$ <u>0.00</u>  |

Fill in this information to identify your case and this filing:

|                                                                                                   |                            |             |
|---------------------------------------------------------------------------------------------------|----------------------------|-------------|
| Debtor 1                                                                                          | <b>Connie Ann Cummings</b> |             |
|                                                                                                   | First Name                 | Middle Name |
| Debtor 2                                                                                          | <b>Gary Ross Willmon</b>   |             |
| (Spouse, if filing)                                                                               | First Name                 | Middle Name |
| United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION</u> |                            |             |
| Case number                                                                                       |                            |             |

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

1.1

#### 14 Kandes Ct

Street address, if available, or other description

Durham                    NC                    27713

City                        State                    ZIP Code

County

#### What is the property? Check all that apply

- Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$246,894.00

Current value of the portion you own?

\$246,894.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

#### Tenancy by the Entirety

Check if this is community property  
(see instructions)

#### Who has an interest in the property? Check one

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Residence: House

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$246,894.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**

Case number (if known) \_\_\_\_\_

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No  
 Yes

3.1 Make: **Ford**  
 Model: **550**  
 Year: **2001**  
 Approximate mileage: **320000**  
 Other information:  
**320,000**

Who has an interest in the property? Check one

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

**\$3,780.00****\$3,780.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=&gt;

**\$3,780.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**Examples: Major appliances, furniture, linens, china, kitchenware  
 No  
 Yes. Describe.....**Household: Household in total****\$5,000.00****7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No  
 Yes. Describe.....

**Electronics: Laptop, HP****\$250.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No  
 Yes. Describe.....

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No  
 Yes. Describe.....

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No  
 Yes. Describe.....

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**

Case number (if known) \_\_\_\_\_

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**Clothes: Clothes in total****\$500.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**Jewelry: Jewelry in total****\$1,000.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

**\$6,750.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes.....**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes.....

Institution name:

**Checking Account: State Employee Credit Union**

17.1.

**\$18.00****Savings Account: State Employee Credit Union**

17.2.

**\$26.00****Savings Account: State Employee Credit Union**

17.3.

**\$26.00****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**

Case number (if known) \_\_\_\_\_

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information..

Debtor 1  
Debtor 2Cummings, Connie Ann & Willmon, Gary Ross

Case number (if known) \_\_\_\_\_

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No  
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:**32. Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.*

- No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- No  
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for  
Part 4. Write that number here.....

\$70.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
*If you own or have an interest in farmland, list it in Part 1.***46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership

- No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

Debtor 1  
Debtor 2

Cummings, Connie Ann &amp; Willmon, Gary Ross

Case number (if known)

**Part 8:** List the Totals of Each Part of this Form

|                                                                  |             |                              |
|------------------------------------------------------------------|-------------|------------------------------|
| 55. Part 1: Total real estate, line 2 .....                      |             | \$246,894.00                 |
| 56. Part 2: Total vehicles, line 5                               | \$3,780.00  |                              |
| 57. Part 3: Total personal and household items, line 15          | \$6,750.00  |                              |
| 58. Part 4: Total financial assets, line 36                      | \$70.00     |                              |
| 59. Part 5: Total business-related property, line 45             | \$0.00      |                              |
| 60. Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |
| 61. Part 7: Total other property not listed, line 54             | \$0.00      |                              |
|                                                                  | +           |                              |
| 62. Total personal property. Add lines 56 through 61...          | \$10,600.00 | Copy personal property total |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 |             | \$257,494.00                 |

91C (09/13)

**UNITED STATES BANKRUPTCY COURT**  
MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION

In the Matter of: \_\_\_\_\_  
**Cummings, Connie Ann & Willmon, Gary Ross** \_\_\_\_\_  
) Case No. \_\_\_\_\_  
) \_\_\_\_\_  
) DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS (91C) -  
) NC \_\_\_\_\_  
) \_\_\_\_\_  
Debtor. \_\_\_\_\_

I, **Connie Ann Cummings**, the undersigned debtor, hereby claim the following property as exempt pursuant to 11 U.S.C. § 522(b)(3)(A), (B), and (C), the Laws of the State of North Carolina, and non-bankruptcy federal law.

Check if the debtor claims as exempt any amount of interest that exceeds \$125,000 in value in property that the debtor or a dependent of the debtor uses as a residence.

**1. REAL OR PERSONAL PROPERTY USED BY DEBTOR OR DEBTOR'S DEPENDENT AS RESIDENCE OR BURIAL PLOT. (NCGS 1C-1601(a)(1)).**

Select appropriate exemption amount below:

- Total net value not to exceed \$35,000.  
 Total net value not to exceed \$60,000. (Debtor is unmarried, 65 years of age or older, property was previously owned by debtor as tenant by the entireties or joint tenant with rights of survivorship, and former co-owner is deceased.)

| Description of Property & Address<br><b>-NONE-</b>                                                                                                                                                | Market Value | Mtg. Holder or Lien Holder(s) | Amt. Mtg. or Lien | Net Value |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|-------------------|-----------|
| (a) Total Net Value                                                                                                                                                                               |              |                               | \$ 0.00           |           |
| Total Net Exemption                                                                                                                                                                               |              |                               | \$ 0.00           |           |
| (b) Unused portion of exemption, not to exceed \$5,000.<br>(This amount, if any, may be carried forward and used to claim an exemption in any property owned by the debtor. (NCGS 1C-1601(a)(2)). |              |                               | \$ 5,000.00       |           |

**2. TENANCY BY THE ENTIRETY.** The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the laws of the State of North Carolina pertaining to property held as tenants by the entirety.

| Description of Property & Address<br><b>-NONE-</b> | Market Value | Mtg. Holder or Lien Holder(s) | Amt. Mtg. or Lien | Net Value |
|----------------------------------------------------|--------------|-------------------------------|-------------------|-----------|
|----------------------------------------------------|--------------|-------------------------------|-------------------|-----------|

**3. MOTOR VEHICLE. (NCGS 1C-1601(a)(3).** Only one vehicle allowed under this paragraph with net value claimed as exempt not to exceed \$3,500.)

| Year, Make,<br>Model of Auto<br><b>2001 Ford 550 320000 miles</b>                                            | Market Value<br><b>320,000</b> | Lien Holder(s)      | Amt. Lien   | Net Value<br><b>3,780.00</b> |
|--------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|-------------|------------------------------|
| (a) Statutory allowance                                                                                      |                                |                     | \$ 3,500    |                              |
| (b) Amount from 1 (b) above to be used in this paragraph.<br>(A part or all of 1 (b) may be used as needed.) |                                |                     | \$ _____    |                              |
|                                                                                                              |                                | Total Net Exemption | \$ 3,780.00 |                              |

**4. TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS. (NCGS 1C-1601(a)(5).** Used by debtor or debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

91C (09/13)

| Description                                                                                                  | Market Value | Lien Holder(s) | Amt. Lien | Net Value |
|--------------------------------------------------------------------------------------------------------------|--------------|----------------|-----------|-----------|
| <b>-NONE-</b>                                                                                                |              |                |           |           |
| (a) Statutory allowance                                                                                      |              | \$ 2,000       |           |           |
| (b) Amount from 1 (b) above to be used in this paragraph.<br>(A part or all of 1 (b) may be used as needed.) |              | \$ _____       |           |           |
| Total Net Exemption                                                                                          |              | \$ 0.00        |           |           |

**5. PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

| Description                                                                                                                       | Market Value    | Lien Holder(s)      | Amt. Lien       | Net Value       |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|-----------------|-----------------|
| <b>Electronics: Laptop, HP</b>                                                                                                    | <b>250.00</b>   |                     |                 | <b>250.00</b>   |
| <b>Household: Household in total</b>                                                                                              | <b>5,000.00</b> |                     |                 | <b>5,000.00</b> |
|                                                                                                                                   |                 |                     | Total Net Value | <b>5,250.00</b> |
| (a) Statutory allowance for debtor                                                                                                |                 | \$ 5,000            |                 |                 |
| (b) Statutory allowance for debtor's dependents: <b>0</b> dependents at \$1,000 each (not to exceed \$4,000 total for dependents) |                 | <b>0.00</b>         |                 |                 |
| (c) Amount from 1(b) above to be used in this paragraph.<br>(A part or all of 1 (b) may be used as needed.)                       |                 | _____               |                 |                 |
|                                                                                                                                   |                 | Total Net Exemption |                 | <b>5,250.00</b> |

**6. LIFE INSURANCE.** (As provided in Article X, Section 5 of North Carolina Constitution.)

Name of Insurance Company\Policy No.\Name of Insured\Policy Date\Name of Beneficiary  
**-NONE-**

**7. PROFESSIONALLY PRESCRIBED HEALTH AIDS (FOR DEBTOR OR DEBTOR'S DEPENDENTS).** (NCGS 1C-1601(a)(7). No limit on value or number of items.)

Description:  
**-NONE-**

**8. DEBTOR'S RIGHT TO RECEIVE FOLLOWING COMPENSATION:** (NCGS 1C-1601(a)(8). No limit on number or amount.)

- A. \$ **-NONE-** Compensation for personal injury to debtor or to person whom debtor was dependent for support.
- B. \$ **-NONE-** Compensation for death of person of whom debtor was dependent for support.
- C. \$ **-NONE-** Compensation from private disability policies or annuities.

**9. INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(9). No limit on number or amount.) **AND OTHER RETIREMENT FUNDS DEFINED IN 11 U.S.C. § 522(b)(3)(c).**

| Detailed Description | Value |
|----------------------|-------|
| <b>-NONE-</b>        |       |

**10. COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a college saving plan within the preceding 12 months not in the ordinary course of the debtor's financial affairs. This exemption applies only to the extent that the funds are for a child of the debtor and will actually be used for the child's college or university expenses.)

| Detailed Description | Value |
|----------------------|-------|
|----------------------|-------|

91C (09/13)

**-NONE-**

11. **RETIREMENT BENEFITS UNDER A RETIREMENT PLAN OF OTHER STATE AND GOVERNMENTAL UNITS OF OTHER STATES, TO THE EXTENT THOSE BENEFITS ARE EXEMPT UNDER THE LAWS OF THAT STATE OR GOVERNMENTAL UNIT.** (NCGS 1C-1601(a)(11). No limit on amount.)

**Description:****-NONE-**

12. **ALIMONY, SUPPORT, SEPARATION MAINTENANCE AND CHILD SUPPORT.** (NCGS 1C-1601(a)(12). No limit on amount to the extent such payments are reasonably necessary for the support of Debtor or dependent of Debtor.)

**Description:****-NONE-**

13. **ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXEMPT THAT HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE.** (NCGS 1C-1601(a)(2). The amount claimed may not exceed the remaining amount available under paragraph 1(b) which has not been used for other exemptions.)

| Description                                                                       | Market Value | Lien Holder(s) | Amt. Lien                                 | Net Value          |
|-----------------------------------------------------------------------------------|--------------|----------------|-------------------------------------------|--------------------|
| <b>-NONE-</b>                                                                     |              |                |                                           |                    |
| (a) Total Net Value of property claimed in paragraph 13.                          |              |                | \$                                        | <b>0.00</b>        |
| (b) Total amount available from paragraph 1(b).                                   |              |                | \$                                        | <b>5,000.00</b>    |
| (c) Less amounts from paragraph 1(b) which were used in the following paragraphs: |              |                |                                           |                    |
| Paragraph 3(b)                                                                    |              | \$             |                                           |                    |
| Paragraph 4(b)                                                                    |              | \$             |                                           |                    |
| Paragraph 5(c)                                                                    |              | \$             |                                           |                    |
|                                                                                   |              |                | Net Balance Available from paragraph 1(b) | \$ <b>5,000.00</b> |
|                                                                                   |              |                | Total Net Exemption                       | \$ _____           |

14. **OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:**

|                                           |          |              |
|-------------------------------------------|----------|--------------|
| G.S. § 1-362                              | _____    | 18.00        |
| G.S. § 1-362                              | _____    | 26.00        |
| G.S. § 1-362                              | _____    | 26.00        |
| TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT | \$ _____ | <b>70.00</b> |

15. **EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:**

|                                           |          |                 |
|-------------------------------------------|----------|-----------------|
| G.S. § 1C-1601(a)(4)                      | _____    | 500.00          |
| G.S. § 1C-1601(a)(4)                      | _____    | 1,000.00        |
| TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT | \$ _____ | <b>1,500.00</b> |

16. **RECENT PURCHASES**

The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangible personal property purchased by the debtor less than 90 days preceding the initiation of judgment collection proceedings or the filing of a petition for bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property that may be exempt and no additional property was transferred into or used to acquire the replacement property.

List tangible personal property purchased by the debtor less than 90 days preceding the filing of the bankruptcy petition:

| Description   | Market Value | Lien Holder(s) | Amt. Lien | Net Value |
|---------------|--------------|----------------|-----------|-----------|
| <b>-NONE-</b> |              |                |           |           |

DATE January 6, 2020

/s/ Connie Ann Cummings  
**Connie Ann Cummings**  
 Debtor

91C (09/13)

**UNITED STATES BANKRUPTCY COURT**  
MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION

In the Matter of: \_\_\_\_\_  
**Cummings, Connie Ann & Willmon, Gary Ross** \_\_\_\_\_  
) Case No. \_\_\_\_\_  
) \_\_\_\_\_  
) DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS (91C) -  
) NC  
) \_\_\_\_\_  
Debtor. \_\_\_\_\_

**DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS (91C) - NC**

I, **Gary Ross Willmon**, the undersigned debtor, hereby claim the following property as exempt pursuant to 11 U.S.C. § 522(b)(3)(A), (B), and (C), the Laws of the State of North Carolina, and non-bankruptcy federal law.

- Check if the debtor claims as exempt any amount of interest that exceeds \$125,000 in value in property that the debtor or a dependent of the debtor uses as a residence.

**1. REAL OR PERSONAL PROPERTY USED BY DEBTOR OR DEBTOR'S DEPENDENT AS RESIDENCE OR BURIAL PLOT. (NCGS 1C-1601(a)(1)).**

Select appropriate exemption amount below:

- Total net value not to exceed \$35,000.  
 Total net value not to exceed \$60,000. (Debtor is unmarried, 65 years of age or older, property was previously owned by debtor as tenant by the entireties or joint tenant with rights of survivorship, and former co-owner is deceased.)

| Description of Property & Address<br><b>-NONE-</b>                                                                                                                                                | Market Value | Mtg. Holder or Lien Holder(s) | Amt. Mtg. or Lien | Net Value   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|-------------------|-------------|
| (a) Total Net Value                                                                                                                                                                               |              |                               | \$                | <b>0.00</b> |
| Total Net Exemption                                                                                                                                                                               |              |                               | \$                | <b>0.00</b> |
| (b) Unused portion of exemption, not to exceed \$5,000.<br>(This amount, if any, may be carried forward and used to claim an exemption in any property owned by the debtor. (NCGS 1C-1601(a)(2)). |              |                               | \$                |             |

**2. TENANCY BY THE ENTIRETY.** The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the laws of the State of North Carolina pertaining to property held as tenants by the entirety.

| Description of Property & Address<br><b>-NONE-</b> | Market Value | Mtg. Holder or Lien Holder(s) | Amt. Mtg. or Lien | Net Value |
|----------------------------------------------------|--------------|-------------------------------|-------------------|-----------|
|----------------------------------------------------|--------------|-------------------------------|-------------------|-----------|

**3. MOTOR VEHICLE. (NCGS 1C-1601(a)(3).** Only one vehicle allowed under this paragraph with net value claimed as exempt not to exceed \$3,500.)

| Year, Make Model of Auto<br><b>-NONE-</b>                                                                  | Market Value | Lien Holder(s) | Amt. Lien | Net Value    |
|------------------------------------------------------------------------------------------------------------|--------------|----------------|-----------|--------------|
| (a) Statutory allowance                                                                                    |              |                | \$        | <b>3,500</b> |
| (b) Amount from 1(b) above to be used in this paragraph.<br>(A part or all of 1(b) may be used as needed.) |              |                | \$        |              |
| Total Net Exemption                                                                                        |              |                | \$        | <b>0.00</b>  |

**4. TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS. (NCGS 1C-1601(a)(5).** Used by debtor or debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

91C (09/13)

| Description                                                                                                | Market Value   | Lien Holder(s) | Amt. Lien | Net Value |
|------------------------------------------------------------------------------------------------------------|----------------|----------------|-----------|-----------|
| <b>-NONE-</b>                                                                                              |                |                |           |           |
| (a) Statutory allowance                                                                                    | \$ 2,000       |                |           |           |
| (b) Amount from 1(b) above to be used in this paragraph.<br>(A part or all of 1(b) may be used as needed.) | \$ _____       |                |           |           |
| Total Net Exemption                                                                                        | \$ <b>0.00</b> |                |           |           |

**5. PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

| Description                                                                                                                          | Market Value | Lien Holder(s) | Amt. Lien | Net Value                       |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|-----------|---------------------------------|
| <b>-NONE-</b>                                                                                                                        |              |                |           |                                 |
|                                                                                                                                      |              |                |           | Total Net Value <b>0.00</b>     |
| (a) Statutory allowance for debtor                                                                                                   | \$ 5,000     |                |           |                                 |
| (b) Statutory allowance for debtor's dependents: <u>0</u> dependents at<br>\$1,000 each (not to exceed \$4,000 total for dependents) | <u>0.00</u>  |                |           |                                 |
| (c) Amount from 1(b) above to be used in this paragraph.<br>(A part or all of 1(b) may be used as needed.)                           | _____        |                |           |                                 |
|                                                                                                                                      |              |                |           | Total Net Exemption <b>0.00</b> |

**6. LIFE INSURANCE.** (As provided in Article X, Section 5 of North Carolina Constitution.)

Name of Insurance Company\Policy No.\Name of Insured\Policy Date\Name of Beneficiary  
**-NONE-**

**7. PROFESSIONALLY PRESCRIBED HEALTH AIDS (FOR DEBTOR OR DEBTOR'S DEPENDENTS).** (NCGS 1C-1601(a)(7). No limit on value or number of items.)

Description:

**-NONE-**

**8. DEBTOR'S RIGHT TO RECEIVE FOLLOWING COMPENSATION:** (NCGS 1C-1601(a)(8). No limit on number or amount.)

- A. \$ -NONE- Compensation for personal injury to debtor or to person whom debtor was dependent for support.
- B. \$ -NONE- Compensation for death of person of whom debtor was dependent for support.
- C. \$ -NONE- Compensation from private disability policies or annuities.

**9. INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(9). No limit on number or amount.) **AND OTHER RETIREMENT FUNDS DEFINED IN 11 U.S.C. § 522(b)(3)(c).**

| Detailed Description | Value |
|----------------------|-------|
| <b>-NONE-</b>        |       |

**10. COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a college saving plan within the preceding 12 months not in the ordinary course of the debtor's financial affairs. This exemption applies only to the extent that the funds are for a child of the debtor and will actually be used for the child's college or university expenses.)

| Detailed Description | Value |
|----------------------|-------|
| <b>-NONE-</b>        |       |

91C (09/13)

11. **RETIREMENT BENEFITS UNDER A RETIREMENT PLAN OF OTHER STATE AND GOVERNMENTAL UNITS OF OTHER STATES, TO THE EXTENT THOSE BENEFITS ARE EXEMPT UNDER THE LAWS OF THAT STATE OR GOVERNMENTAL UNIT.** (NCGS 1C-1601(a)(11). No limit on amount.)

**Description:**  
**-NONE-**

---

12. **ALIMONY, SUPPORT, SEPARATION MAINTENANCE AND CHILD SUPPORT.** (NCGS 1C-1601(a)(12). No limit on amount to the extent such payments are reasonably necessary for the support of Debtor or dependent of Debtor.)

**Description:**  
**-NONE-**

---

13. **ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXEMPT THAT HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE.** (NCGS 1C-1601(a)(2). The amount claimed may not exceed the remaining amount available under paragraph 1(b) which has not been used for other exemptions.)

| Description                                                                       | Market Value | Lien Holder(s) | Amt. Lien | Net Value       |
|-----------------------------------------------------------------------------------|--------------|----------------|-----------|-----------------|
| <b>-NONE-</b>                                                                     |              |                |           |                 |
| (a) Total Net Value of property claimed in paragraph 13.                          |              |                | \$        | <b>0.00</b>     |
| (b) Total amount available from paragraph 1(b).                                   |              |                | \$        | <b>5,000.00</b> |
| (c) Less amounts from paragraph 1(b) which were used in the following paragraphs: |              |                |           |                 |
| Paragraph 3(b)                                                                    | \$           |                |           |                 |
| Paragraph 4(b)                                                                    | \$           |                |           |                 |
| Paragraph 5(c)                                                                    | \$           |                |           |                 |
| Net Balance Available from paragraph 1(b)                                         |              |                | \$        | <b>5,000.00</b> |
| Total Net Exemption                                                               |              |                | \$        |                 |

14. **OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:**

**-NONE-**

TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT \$ **0.00**

15. **EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:**

**-NONE-**

TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT \$ **0.00**

16. **RECENT PURCHASES**

The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangible personal property purchased by the debtor less than 90 days preceding the initiation of judgment collection proceedings or the filing of a petition for bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property that may be exempt and no additional property was transferred into or used to acquire the replacement property.

List tangible personal property purchased by the debtor less than 90 days preceding the filing of the bankruptcy petition:

| Description                 | Market Value                                                             | Lien Holder(s) | Amt. Lien | Net Value |
|-----------------------------|--------------------------------------------------------------------------|----------------|-----------|-----------|
| <b>-NONE-</b>               |                                                                          |                |           |           |
| DATE <u>January 6, 2020</u> | <u>/s/ Gary Ross Willmon</u><br><b>Gary Ross Willmon</b><br>Joint Debtor |                |           |           |

## Fill in this information to identify your case:

|                                         |                            |                                                    |           |
|-----------------------------------------|----------------------------|----------------------------------------------------|-----------|
| Debtor 1                                | <b>Connie Ann Cummings</b> |                                                    |           |
|                                         | First Name                 | Middle Name                                        | Last Name |
| Debtor 2                                | <b>Gary Ross Willmon</b>   |                                                    |           |
| (Spouse if, filing)                     | First Name                 | Middle Name                                        | Last Name |
| United States Bankruptcy Court for the: |                            | MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION |           |
| Case number<br>(if known) _____         |                            |                                                    |           |

Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| 2.1 | Bsi Financial Services                                                                                                           | Describe the property that secures the claim:                                                                                                                                                | Column A<br>Amount of claim<br>Do not deduct the value of collateral. | Column B<br>Value of collateral that supports this claim | Column C<br>Unsecured portion<br>If any |
|-----|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|
|     | Creditor's Name<br><br>Attn: Bankruptcy<br>PO Box 517<br>Titusville, PA 16354-0517<br><br>Number, Street, City, State & Zip Code | 14 Kandes Ct, Durham, NC 27713<br>Residence: House                                                                                                                                           | \$263,527.60                                                          | \$246,894.00                                             | \$16,633.60                             |
|     |                                                                                                                                  | As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed |                                                                       |                                                          |                                         |

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

## Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 2006-01-30Last 4 digits of account number 6985

Add the dollar value of your entries in Column A on this page. Write that number here:

\$263,527.60

If this is the last page of your form, add the dollar value totals from all pages.

\$263,527.60

Write that number here:

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                          |                                                                                                                                        |                                                                |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> | Name, Number, Street, City, State & Zip Code<br><b>Brock &amp; Scott PLLC</b><br>5431 Oleander Dr Ste 200<br>Wilmington, NC 28403-5857 | On which line in Part 1 did you enter the creditor? <u>2.1</u> |
|                          |                                                                                                                                        | Last 4 digits of account number <u>6985</u>                    |

|          |                            |                        |           |
|----------|----------------------------|------------------------|-----------|
| Debtor 1 | <b>Connie Ann Cummings</b> | Case number (if known) |           |
|          | First Name                 | Middle Name            | Last Name |
| Debtor 2 | <b>Gary Ross Willmon</b>   |                        |           |
|          | First Name                 | Middle Name            | Last Name |

---

Name, Number, Street, City, State & Zip Code  
**Bsi Financial Services**  
**101 N 2nd St**  
**Titusville, PA 16354-2115**

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 6985

---

Fill in this information to identify your case:

|                                         |                                                    |             |           |
|-----------------------------------------|----------------------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Connie Ann Cummings</b>                         |             |           |
|                                         | First Name                                         | Middle Name | Last Name |
| Debtor 2                                | <b>Gary Ross Willmon</b>                           |             |           |
| (Spouse if, filing)                     | First Name                                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION |             |           |
| Case number<br>(if known)               |                                                    |             |           |

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| 4.1                                                                                                                                                                                                                                                                                            | Total claim                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 30285</b><br><b>Salt Lake City, UT 84130-0285</b><br>Number Street City State Zip Code                                                                                                               | <b>3145</b> <b>\$693.00</b>                                                                                                                                                                                                                                                                                                                                                                     |
| Who incurred the debt? Check one.                                                                                                                                                                                                                                                              | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                                                                                               |
| Is the claim subject to offset?                                                                                                                                                                                                                                                                | Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Revolving account</b> |

Debtor 1 Cummings, Connie Ann & Willmon, Gary Ross  
 Debtor 2 \_\_\_\_\_

Case number (if known) \_\_\_\_\_

|                                                                                                                                                                                                                        |                                                                     |                                                                                                                                                                                                                                                                                                                         |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 4.2                                                                                                                                                                                                                    | <b>Celtic Bank/Indigo Mastercard</b><br>Nonpriority Creditor's Name | Last 4 digits of account number <u>6565</u>                                                                                                                                                                                                                                                                             | \$639.00 |
| Number Street City State Zip Code                                                                                                                                                                                      |                                                                     | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                             |          |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |                                                                     | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                       |          |
| <input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                                                                     | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |          |
| <input type="checkbox"/> Check if this claim is for a community debt                                                                                                                                                   |                                                                     | <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>                                                                                                                                                                                                                                                  |          |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |                                                                     | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                  |          |
| _____                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                                                                                                                                                         |          |
| 4.3                                                                                                                                                                                                                    | <b>Credit One Bank N.A.</b><br>Nonpriority Creditor's Name          | Last 4 digits of account number <u>8610</u>                                                                                                                                                                                                                                                                             | \$562.00 |
| Number Street City State Zip Code                                                                                                                                                                                      |                                                                     | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                             |          |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |                                                                     | <input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                            |          |
| <input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                                                                     | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |          |
| <input type="checkbox"/> Check if this claim is for a community debt                                                                                                                                                   |                                                                     | <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>                                                                                                                                                                                                                                                  |          |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |                                                                     | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                  |          |
| _____                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                                                                                                                                                         |          |
| 4.4                                                                                                                                                                                                                    | <b>DURHAM RADIOLOG</b><br>Nonpriority Creditor's Name               | Last 4 digits of account number <u>3413</u>                                                                                                                                                                                                                                                                             | \$29.00  |
| Number Street City State Zip Code                                                                                                                                                                                      |                                                                     | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                             |          |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |                                                                     | <input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                            |          |
| <input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                                                                     | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |          |
| <input type="checkbox"/> Check if this claim is for a community debt                                                                                                                                                   |                                                                     | <input checked="" type="checkbox"/> Other. Specify <u>Unknown account</u>                                                                                                                                                                                                                                               |          |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |                                                                     | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                  |          |
| _____                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                                                                                                                                                         |          |

Debtor 1 Cummings, Connie Ann & Willmon, Gary Ross  
 Debtor 2 \_\_\_\_\_

Case number (if known) \_\_\_\_\_

|                                                                                                                                                                                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                         |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 4.5                                                                                                                                                                                                                    | <b>Emergeortho PA Triangle Orth</b><br>Nonpriority Creditor's Name | Last 4 digits of account number <u>7250</u>                                                                                                                                                                                                                                                                             | \$157.00 |
| Number Street City State Zip Code                                                                                                                                                                                      |                                                                    | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                             |          |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                       |          |
| <input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                                                                    | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |          |
| <input type="checkbox"/> Check if this claim is for a community debt                                                                                                                                                   |                                                                    | <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>                                                                                                                                                                                                                                                  |          |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |                                                                    | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                  |          |
| _____                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                                                                                                                                                                                         |          |
| 4.6                                                                                                                                                                                                                    | <b>Emergeortho PA Triangle Orth</b><br>Nonpriority Creditor's Name | Last 4 digits of account number <u>7249</u>                                                                                                                                                                                                                                                                             | \$108.00 |
| Number Street City State Zip Code                                                                                                                                                                                      |                                                                    | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                             |          |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                            |          |
| <input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                                                                    | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |          |
| <input type="checkbox"/> Check if this claim is for a community debt                                                                                                                                                   |                                                                    | <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>                                                                                                                                                                                                                                                  |          |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |                                                                    | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                  |          |
| _____                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                                                                                                                                                                                         |          |
| 4.7                                                                                                                                                                                                                    | <b>Emergeortho PA Triangle Orth</b><br>Nonpriority Creditor's Name | Last 4 digits of account number <u>7248</u>                                                                                                                                                                                                                                                                             | \$108.00 |
| Number Street City State Zip Code                                                                                                                                                                                      |                                                                    | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                             |          |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                            |          |
| <input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                                                                    | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |          |
| <input type="checkbox"/> Check if this claim is for a community debt                                                                                                                                                   |                                                                    | <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>                                                                                                                                                                                                                                                  |          |
| _____                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                                                                                                                                                                                         |          |

Debtor 1 Cummings, Connie Ann & Willmon, Gary Ross  
 Debtor 2 \_\_\_\_\_

Case number (if known) \_\_\_\_\_

|                                                                                                                                                                                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                         |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 4.8                                                                                                                                                                                                                    | <b>Emergeortho PA Triangle Orth</b><br>Nonpriority Creditor's Name | Last 4 digits of account number <u>7247</u>                                                                                                                                                                                                                                                                             | \$108.00 |
| Number Street City State Zip Code                                                                                                                                                                                      |                                                                    | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                             |          |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                                       |          |
| <input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                                                                    | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |          |
| <input type="checkbox"/> Check if this claim is for a community debt                                                                                                                                                   |                                                                    | <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>                                                                                                                                                                                                                                                  |          |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |                                                                    | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                  |          |
| _____                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                                                                                                                                                                                         |          |
| 4.9                                                                                                                                                                                                                    | <b>Emergeortho PA Triangle Orth</b><br>Nonpriority Creditor's Name | Last 4 digits of account number <u>7246</u>                                                                                                                                                                                                                                                                             | \$108.00 |
| Number Street City State Zip Code                                                                                                                                                                                      |                                                                    | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                             |          |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                            |          |
| <input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                                                                    | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |          |
| <input type="checkbox"/> Check if this claim is for a community debt                                                                                                                                                   |                                                                    | <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>                                                                                                                                                                                                                                                  |          |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |                                                                    | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                  |          |
| _____                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                                                                                                                                                                                         |          |
| 4.10                                                                                                                                                                                                                   | <b>Emergeortho PA Triangle Orth</b><br>Nonpriority Creditor's Name | Last 4 digits of account number <u>7245</u>                                                                                                                                                                                                                                                                             | \$108.00 |
| Number Street City State Zip Code                                                                                                                                                                                      |                                                                    | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                             |          |
| <b>Who incurred the debt?</b> Check one.                                                                                                                                                                               |                                                                    | <input type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                                                            |          |
| <input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another |                                                                    | <b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |          |
| <input type="checkbox"/> Check if this claim is for a community debt                                                                                                                                                   |                                                                    | <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>                                                                                                                                                                                                                                                  |          |
| <b>Is the claim subject to offset?</b>                                                                                                                                                                                 |                                                                    | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                                                                                                                                                                                                                                  |          |
| _____                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                                                                                                                                                                                         |          |

Debtor 1 Cummings, Connie Ann & Willmon, Gary Ross  
 Debtor 2 \_\_\_\_\_

Case number (if known) \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>4.11 <b>JAMES G HARDY D</b><br/>           Nonpriority Creditor's Name</p> <hr/> <p>Number Street City State Zip Code<br/> <b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only<br/> <input checked="" type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p>                                                                                                                                                                | <p>Last 4 digits of account number <u>8413</u> <span style="float: right;"><b>\$573.00</b></span></p> <p>When was the debt incurred? <u>2017-08</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify <u>Open account</u></p> |
| <hr/> <p>4.12 <b>Synchrony Bank</b><br/>           Nonpriority Creditor's Name</p> <hr/> <p>Number Street City State Zip Code<br/> <b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only<br/> <input checked="" type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p>                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>Last 4 digits of account number <u>9191</u> <span style="float: right;"><b>\$1,888.00</b></span></p> <p>When was the debt incurred? <u>2019-07</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify <u>Open account</u></p>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <hr/> <p>4.13 <b>USDOE/GLELSI</b><br/>           Nonpriority Creditor's Name<br/> <b>Attn: Bankruptcy</b><br/> <b>PO Box 7860</b><br/> <b>Madison, WI 53707-7860</b></p> <hr/> <p>Number Street City State Zip Code<br/> <b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>Last 4 digits of account number <u>7581</u> <span style="float: right;"><b>\$127,410.00</b></span></p> <p>When was the debt incurred? <u>2017-01</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Debtor 1 Cummings, Connie Ann & Willmon, Gary Ross  
 Debtor 2 \_\_\_\_\_

Case number (if known) \_\_\_\_\_

|      |                                                      |                                                                                                                                                                                                                                                                          |                |          |
|------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| 4.14 | <b>Wake Radiology</b><br>Nonpriority Creditor's Name | Last 4 digits of account number                                                                                                                                                                                                                                          | <u>4282</u>    | \$414.00 |
|      |                                                      | When was the debt incurred?                                                                                                                                                                                                                                              | <u>2018-04</u> |          |
|      |                                                      | As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                              |                |          |
|      |                                                      | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                                                                                                                                                        |                |          |
|      |                                                      | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                     |                |          |
|      |                                                      | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |                |          |
|      |                                                      | <input checked="" type="checkbox"/> Other. Specify <u>Unknown account</u>                                                                                                                                                                                                |                |          |

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

|                                                                                                            |                                                                                                            |                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name and Address<br><b>Bullcity Financial Sol</b><br><b>1107 W Main St</b><br><b>Durham, NC 27701-2028</b> | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line <u>4.5</u> of (Check one):  | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |  |
|                                                                                                            | Last 4 digits of account number                                                                            | <u>7250</u>                                                                                                                                                          |  |
| Name and Address<br><b>Bullcity Financial Sol</b><br><b>1107 W Main St</b><br><b>Durham, NC 27701-2028</b> | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line <u>4.6</u> of (Check one):  | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |  |
|                                                                                                            | Last 4 digits of account number                                                                            | <u>7249</u>                                                                                                                                                          |  |
| Name and Address<br><b>Bullcity Financial Sol</b><br><b>1107 W Main St</b><br><b>Durham, NC 27701-2028</b> | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line <u>4.7</u> of (Check one):  | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |  |
|                                                                                                            | Last 4 digits of account number                                                                            | <u>7248</u>                                                                                                                                                          |  |
| Name and Address<br><b>Bullcity Financial Sol</b><br><b>1107 W Main St</b><br><b>Durham, NC 27701-2028</b> | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line <u>4.8</u> of (Check one):  | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |  |
|                                                                                                            | Last 4 digits of account number                                                                            | <u>7247</u>                                                                                                                                                          |  |
| Name and Address<br><b>Bullcity Financial Sol</b><br><b>1107 W Main St</b><br><b>Durham, NC 27701-2028</b> | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line <u>4.9</u> of (Check one):  | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |  |
|                                                                                                            | Last 4 digits of account number                                                                            | <u>7246</u>                                                                                                                                                          |  |
| Name and Address<br><b>Bullcity Financial Sol</b><br><b>1107 W Main St</b><br><b>Durham, NC 27701-2028</b> | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line <u>4.10</u> of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |  |
|                                                                                                            | Last 4 digits of account number                                                                            | <u>7245</u>                                                                                                                                                          |  |
| Name and Address<br><b>Capital Accounts LLC</b><br><b>PO Box 140065</b><br><b>Nashville, TN 37214-0065</b> | On which entry in Part 1 or Part 2 did you list the original creditor?<br>Line <u>4.11</u> of (Check one): | <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims<br><input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims |  |
|                                                                                                            | Last 4 digits of account number                                                                            | <u>8413</u>                                                                                                                                                          |  |

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1

Cummings, Connie Ann &amp; Willmon, Gary Ross

Case number (if known) \_\_\_\_\_

**Capital One Bank USA N**  
**PO Box 30281**  
**Salt Lake City, UT 84130-0281**

Line 4.1 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3145**

Name and Address  
**Creditors Collection**  
**4530 Old Cave Spring Rd**  
**Roanoke, VA 24018-3423**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**3413**

Name and Address  
**Firstpoint Coll Reso**  
**Roanoke, VA 24001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**4282**

Name and Address  
**Lvnv Funding LLC**  
**Greenville, SC 29601**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**8610**

Name and Address  
**Midland Credit Managem**  
**320 E Big Beaver Rd**  
**Troy, MI 48083-1238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**9191**

Name and Address  
**Trident Asset Manageme**  
**10375 Old Alabama Rd**  
**Alpharetta, GA 30004**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**6565**

Name and Address  
**US Dept of Ed/Gleisi**  
**2401 International Ln**  
**Madison, WI 53704-3121**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**7581****Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                                                 |                                                                                                             | <b>Total Claim</b>       |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|
| Total claims from Part 1                        | 6a. Domestic support obligations                                                                            | 6a. \$ <b>0.00</b>       |
|                                                 | 6b. Taxes and certain other debts you owe the government                                                    | 6b. \$ <b>0.00</b>       |
|                                                 | 6c. Claims for death or personal injury while you were intoxicated                                          | 6c. \$ <b>0.00</b>       |
|                                                 | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. \$ <b>0.00</b>       |
| 6e. Total Priority. Add lines 6a through 6d.    |                                                                                                             | 6e. \$ <b>0.00</b>       |
| Total claims from Part 2                        | 6f. Student loans                                                                                           | 6f. \$ <b>0.00</b>       |
|                                                 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ <b>0.00</b>       |
|                                                 | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. \$ <b>0.00</b>       |
|                                                 | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. \$ <b>132,905.00</b> |
| 6j. Total Nonpriority. Add lines 6f through 6i. |                                                                                                             | 6j. \$ <b>132,905.00</b> |

Fill in this information to identify your case:

|                                         |                                                    |             |           |
|-----------------------------------------|----------------------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Connie Ann Cummings</b>                         |             |           |
|                                         | First Name                                         | Middle Name | Last Name |
| Debtor 2                                | <b>Gary Ross Willmon</b>                           |             |           |
| (Spouse if, filing)                     | First Name                                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION |             |           |
| Case number<br>(if known)               |                                                    |             |           |

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property(Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with whom you have the contract or lease |        | State what the contract or lease is for |
|-----|------------------------------------------------------------|--------|-----------------------------------------|
|     | Name, Number, Street, City, State and ZIP Code             |        |                                         |
| 2.1 | Name                                                       |        |                                         |
|     | Number                                                     | Street |                                         |
|     | City                                                       | State  | ZIP Code                                |
| 2.2 | Name                                                       |        |                                         |
|     | Number                                                     | Street |                                         |
|     | City                                                       | State  | ZIP Code                                |
| 2.3 | Name                                                       |        |                                         |
|     | Number                                                     | Street |                                         |
|     | City                                                       | State  | ZIP Code                                |
| 2.4 | Name                                                       |        |                                         |
|     | Number                                                     | Street |                                         |
|     | City                                                       | State  | ZIP Code                                |
| 2.5 | Name                                                       |        |                                         |
|     | Number                                                     | Street |                                         |
|     | City                                                       | State  | ZIP Code                                |

## Fill in this information to identify your case:

|                                         |                                                    |             |           |
|-----------------------------------------|----------------------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Connie Ann Cummings</b>                         |             |           |
|                                         | First Name                                         | Middle Name | Last Name |
| Debtor 2                                | <b>Gary Ross Willmon</b>                           |             |           |
| (Spouse if, filing)                     | First Name                                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION |             |           |
| Case number<br>(if known)               |                                                    |             |           |

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

|        |        |       |          |
|--------|--------|-------|----------|
| Number | Street | State | ZIP Code |
| City   |        |       |          |

3.2

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

|        |        |       |          |
|--------|--------|-------|----------|
| Number | Street | State | ZIP Code |
| City   |        |       |          |

Fill in this information to identify your case:

|                                         |                                                       |
|-----------------------------------------|-------------------------------------------------------|
| Debtor 1                                | <u>Connie Ann Cummings</u>                            |
| Debtor 2<br>(Spouse, if filing)         | <u>Gary Ross Willmon</u>                              |
| United States Bankruptcy Court for the: | MIDDLE DISTRICT OF NORTH CAROLINA,<br>DURHAM DIVISION |
| Case number<br>(if known)               | _____                                                 |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 \_\_\_\_\_

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

|                    | Debtor 1                                                                              | Debtor 2 or non-filing spouse                                                         |
|--------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Employment status  | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed |
| Occupation         | <u>Hourly Associate</u>                                                               | _____                                                                                 |
| Employer's name    | <u>Macy's Retail Holdings Inc,</u><br><u>DBA Macy's</u>                               | _____                                                                                 |
| Employer's address | <u>7 W 7th St</u><br><u>Cincinnati, OH 45202-2424</u>                                 | _____                                                                                 |

How long employed there? 2 years and 4 months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|                                                                                                                                                      | For Debtor 1          | For Debtor 2 or non-filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>1,335.91</u> | \$ <u>0.00</u>                    |
| 3. Estimate and list monthly overtime pay.                                                                                                           | 3. +\$ <u>0.00</u>    | +\$ <u>0.00</u>                   |
| 4. Calculate gross Income. Add line 2 + line 3.                                                                                                      | 4. \$ <u>1,335.91</u> | \$ <u>0.00</u>                    |

Debtor 1  
Debtor 2

Cummings, Connie Ann &amp; Willmon, Gary Ross

Case number (if known)

|                                                                                                                                                                                                                                                                                                                                                                                                      | For Debtor 1                                       | For Debtor 2 or<br>non-filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------|
| <b>Copy line 4 here</b>                                                                                                                                                                                                                                                                                                                                                                              | <b>4.</b> \$ <b>1,335.91</b>                       | <b>\$ 0.00</b>                       |
| <b>5. List all payroll deductions:</b>                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                      |
| 5a. Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                                                                                                                    | 5a. \$ <b>137.70</b>                               | \$ <b>0.00</b>                       |
| 5b. Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                     | 5b. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| 5c. Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                     | 5c. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| 5d. Required repayments of retirement fund loans                                                                                                                                                                                                                                                                                                                                                     | 5d. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| 5e. Insurance                                                                                                                                                                                                                                                                                                                                                                                        | 5e. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| 5f. Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                     | 5f. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| 5g. Union dues                                                                                                                                                                                                                                                                                                                                                                                       | 5g. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| 5h. Other deductions. Specify: _____                                                                                                                                                                                                                                                                                                                                                                 | 5h. + \$ <b>0.00</b>                               | + \$ <b>0.00</b>                     |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                                                                                             | <b>6.</b> \$ <b>137.70</b>                         | \$ <b>0.00</b>                       |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.                                                                                                                                                                                                                                                                                                                        | <b>7.</b> \$ <b>1,198.21</b>                       | \$ <b>0.00</b>                       |
| <b>8. List all other income regularly received:</b>                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                      |
| 8a. Net income from rental property and from operating a business, profession, or farm                                                                                                                                                                                                                                                                                                               | 8a. \$ <b>324.27</b>                               | \$ <b>0.00</b>                       |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                                                                                                                                                                                                                                                |                                                    |                                      |
| 8b. Interest and dividends                                                                                                                                                                                                                                                                                                                                                                           | 8b. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive                                                                                                                                                                                                                                                                                                          | 8c. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                                                                                                                                                                                                           |                                                    |                                      |
| 8d. Unemployment compensation                                                                                                                                                                                                                                                                                                                                                                        | 8d. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| 8e. Social Security                                                                                                                                                                                                                                                                                                                                                                                  | 8e. \$ <b>0.00</b>                                 | \$ <b>0.00</b>                       |
| 8f. Other government assistance that you regularly receive                                                                                                                                                                                                                                                                                                                                           | 8f. \$ <b>0.00</b>                                 | \$ <b>2.08</b>                       |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.                                                                                                                                                                                               |                                                    |                                      |
| Specify: <b>Food Stamp</b>                                                                                                                                                                                                                                                                                                                                                                           | 8g. \$ <b>0.00</b>                                 | \$ <b>1,019.00</b>                   |
| 8g. Pension or retirement income                                                                                                                                                                                                                                                                                                                                                                     | 8g. \$ <b>0.00</b>                                 | \$ <b>1,200.00</b>                   |
| 8h. Other monthly income. Specify: <b>Odd jobs</b>                                                                                                                                                                                                                                                                                                                                                   | 8h. + \$ <b>0.00</b>                               | \$ <b>0.00</b>                       |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                                                                                                                   | <b>9.</b> \$ <b>324.27</b>                         | \$ <b>2,221.08</b>                   |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                                              | <b>10.</b> \$ <b>1,522.48</b> + \$ <b>2,221.08</b> | = \$ <b>3,743.56</b>                 |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ | <b>11.</b> + \$ <b>0.00</b>                        |                                      |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies                                                                                                                                 | <b>12.</b> \$ <b>3,743.56</b>                      |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    | <b>Combined monthly income</b>       |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>                                                                                                                                                                                                                                                                                                           |                                                    |                                      |
| <input type="checkbox"/> No.                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                      |
| <input checked="" type="checkbox"/> Yes. Explain: <b>Husband is doing some odd jobs until Duke releases him to return work. He was injured on the job almost 3 years ago.</b>                                                                                                                                                                                                                        |                                                    |                                      |

Fill in this information to identify your case:

|                                         |                                                       |
|-----------------------------------------|-------------------------------------------------------|
| Debtor 1                                | <b>Connie Ann Cummings</b>                            |
| Debtor 2<br>(Spouse, if filing)         | <b>Gary Ross Willmon</b>                              |
| United States Bankruptcy Court for the: | MIDDLE DISTRICT OF NORTH CAROLINA,<br>DURHAM DIVISION |
| Case number<br>(If known)               | _____                                                 |

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

#### Your expenses

- If not included in line 4:
- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

|        |             |
|--------|-------------|
| 4a. \$ | <b>0.00</b> |
| 4b. \$ | <b>0.00</b> |
| 4c. \$ | <b>0.00</b> |
| 4d. \$ | <b>0.00</b> |
| 5. \$  | <b>0.00</b> |

|                                          |                                                                                                                                                                                                                                                                                                                  |                         |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Debtor 1<br>Debtor 2                     | <b>Cummings, Connie Ann &amp; Willmon, Gary Ross</b>                                                                                                                                                                                                                                                             | Case number (if known)  |
| <b>6. Utilities:</b>                     |                                                                                                                                                                                                                                                                                                                  |                         |
| 6a.                                      | Electricity, heat, natural gas                                                                                                                                                                                                                                                                                   | 6a. \$ <u>250.00</u>    |
| 6b.                                      | Water, sewer, garbage collection                                                                                                                                                                                                                                                                                 | 6b. \$ <u>36.00</u>     |
| 6c.                                      | Telephone, cell phone, Internet, satellite, and cable services                                                                                                                                                                                                                                                   | 6c. \$ <u>190.00</u>    |
| 6d.                                      | Other. Specify: _____                                                                                                                                                                                                                                                                                            | 6d. \$ <u>0.00</u>      |
| <b>7. Food and housekeeping supplies</b> |                                                                                                                                                                                                                                                                                                                  |                         |
| 8.                                       | <b>Childcare and children's education costs</b>                                                                                                                                                                                                                                                                  | 7. \$ <u>207.69</u>     |
| 9.                                       | <b>Clothing, laundry, and dry cleaning</b>                                                                                                                                                                                                                                                                       | 8. \$ <u>0.00</u>       |
| 10.                                      | <b>Personal care products and services</b>                                                                                                                                                                                                                                                                       | 9. \$ <u>0.00</u>       |
| 11.                                      | <b>Medical and dental expenses</b>                                                                                                                                                                                                                                                                               | 10. \$ <u>0.00</u>      |
| 12.                                      | <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.                                                                                                                                                                                                              | 11. \$ <u>0.00</u>      |
| 13.                                      | <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>                                                                                                                                                                                                                                        | 12. \$ <u>0.00</u>      |
| 14.                                      | <b>Charitable contributions and religious donations</b>                                                                                                                                                                                                                                                          | 13. \$ <u>0.00</u>      |
| 15.                                      | <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.                                                                                                                                                                                                               | 14. \$ <u>0.00</u>      |
| 15a.                                     | Life insurance                                                                                                                                                                                                                                                                                                   | 15a. \$ <u>0.00</u>     |
| 15b.                                     | Health insurance                                                                                                                                                                                                                                                                                                 | 15b. \$ <u>0.00</u>     |
| 15c.                                     | Vehicle insurance                                                                                                                                                                                                                                                                                                | 15c. \$ <u>80.00</u>    |
| 15d.                                     | Other insurance. Specify: _____                                                                                                                                                                                                                                                                                  | 15d. \$ <u>0.00</u>     |
| 16.                                      | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____                                                                                                                                                                                                        | 16. \$ <u>0.00</u>      |
| 17.                                      | <b>Installment or lease payments:</b>                                                                                                                                                                                                                                                                            |                         |
| 17a.                                     | Car payments for Vehicle 1                                                                                                                                                                                                                                                                                       | 17a. \$ <u>0.00</u>     |
| 17b.                                     | Car payments for Vehicle 2                                                                                                                                                                                                                                                                                       | 17b. \$ <u>0.00</u>     |
| 17c.                                     | Other. Specify: _____                                                                                                                                                                                                                                                                                            | 17c. \$ <u>0.00</u>     |
| 17d.                                     | Other. Specify: _____                                                                                                                                                                                                                                                                                            | 17d. \$ <u>0.00</u>     |
| 18.                                      | <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>                                                                                                                                             | 18. \$ <u>0.00</u>      |
| 19.                                      | <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____                                                                                                                                                                                                                     | 19. \$ <u>0.00</u>      |
| 20.                                      | <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>                                                                                                                                                                                                     |                         |
| 20a.                                     | Mortgages on other property                                                                                                                                                                                                                                                                                      | 20a. \$ <u>0.00</u>     |
| 20b.                                     | Real estate taxes                                                                                                                                                                                                                                                                                                | 20b. \$ <u>0.00</u>     |
| 20c.                                     | Property, homeowner's, or renter's insurance                                                                                                                                                                                                                                                                     | 20c. \$ <u>25.00</u>    |
| 20d.                                     | Maintenance, repair, and upkeep expenses                                                                                                                                                                                                                                                                         | 20d. \$ <u>20.00</u>    |
| 20e.                                     | Homeowner's association or condominium dues                                                                                                                                                                                                                                                                      | 20e. \$ <u>0.00</u>     |
| 21.                                      | <b>Other:</b> Specify: _____                                                                                                                                                                                                                                                                                     | 21. +\$ <u>0.00</u>     |
| 22.                                      | <b>Calculate your monthly expenses</b>                                                                                                                                                                                                                                                                           |                         |
| 22a.                                     | Add lines 4 through 21.                                                                                                                                                                                                                                                                                          | \$ <u>808.69</u>        |
| 22b.                                     | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                                                                                                                                                  | \$ <u>808.69</u>        |
| 22c.                                     | Add line 22a and 22b. The result is your monthly expenses.                                                                                                                                                                                                                                                       |                         |
| 23.                                      | <b>Calculate your monthly net income.</b>                                                                                                                                                                                                                                                                        |                         |
| 23a.                                     | Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.                                                                                                                                                                                                                                            | 23a. \$ <u>3,743.56</u> |
| 23b.                                     | Copy your monthly expenses from line 22c above.                                                                                                                                                                                                                                                                  | 23b. -\$ <u>808.69</u>  |
| 23c.                                     | Subtract your monthly expenses from your monthly income.<br>The result is your <i>monthly net income</i> .                                                                                                                                                                                                       | 23c. \$ <u>2,934.87</u> |
| 24.                                      | <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b><br>For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |                         |
| <input checked="" type="checkbox"/>      | No.                                                                                                                                                                                                                                                                                                              |                         |
| <input type="checkbox"/>                 | Yes.                                                                                                                                                                                                                                                                                                             | Explain here: _____     |

**Fill in this information to identify your case:**

|                                         |                                                    |             |           |
|-----------------------------------------|----------------------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Connie Ann Cummings</b>                         |             |           |
|                                         | First Name                                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         | <b>Gary Ross Willmon</b>                           |             |           |
|                                         | First Name                                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION |             |           |
| Case number<br>(if known)               |                                                    |             |           |

Check if this is an amended filing

Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Connie Ann Cummings

**Connie Ann Cummings**

Signature of Debtor 1

Date January 6, 2020

X /s/ Gary Ross Willmon

**Gary Ross Willmon**

Signature of Debtor 2

Date January 6, 2020

|                                                        |                                                    |             |           |
|--------------------------------------------------------|----------------------------------------------------|-------------|-----------|
| <b>Fill in this information to identify your case:</b> |                                                    |             |           |
| Debtor 1                                               | <b>Connie Ann Cummings</b>                         |             |           |
|                                                        | First Name                                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)                        | <b>Gary Ross Willmon</b>                           |             |           |
|                                                        | First Name                                         | Middle Name | Last Name |
| United States Bankruptcy Court for the:                | MIDDLE DISTRICT OF NORTH CAROLINA, DURHAM DIVISION |             |           |
| Case number<br>(if known)                              |                                                    |             |           |

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

##### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

|                                                                         | Debtor 1                                                                                                    | Debtor 2                                           |                                                                                                             |                                                    |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| From January 1 of current year until the date you filed for bankruptcy: | Sources of income<br>Check all that apply.                                                                  | Gross income<br>(before deductions and exclusions) | Sources of income<br>Check all that apply.                                                                  | Gross income<br>(before deductions and exclusions) |
|                                                                         | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$89.00                                            | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$0.00                                             |
| For last calendar year:<br>(January 1 to December 31, 2019)             | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$15,867.00                                        | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$0.00                                             |

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**

Case number (if known)

|                                                                                       | <b>Debtor 1</b><br><b>Sources of income</b><br>Check all that apply.                                               | <b>Gross income</b><br>(before deductions and exclusions) | <b>Debtor 2</b><br><b>Sources of income</b><br>Check all that apply.                                               | <b>Gross income</b><br>(before deductions and exclusions) |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>For the calendar year before that:</b><br><b>(January 1 to December 31, 2018 )</b> | <input type="checkbox"/> Wages, commissions,<br>bonuses, tips<br><br><input type="checkbox"/> Operating a business | \$16,240.00                                               | <input type="checkbox"/> Wages, commissions,<br>bonuses, tips<br><br><input type="checkbox"/> Operating a business | \$0.00                                                    |
|                                                                                       |                                                                                                                    |                                                           |                                                                                                                    |                                                           |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

|                                                                                       | <b>Debtor 1</b><br><b>Sources of income</b><br>Describe below. | <b>Gross income from<br/>each source</b><br>(before deductions and<br>exclusions) | <b>Debtor 2</b><br><b>Sources of income</b><br>Describe below. | <b>Gross income</b><br>(before deductions<br>and exclusions) |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------|
| <b>For last calendar year:</b><br><b>(January 1 to December 31, 2019 )</b>            |                                                                | \$0.00                                                                            | <b>Social Security</b>                                         | \$12,228.00                                                  |
|                                                                                       |                                                                | \$0.00                                                                            | <b>Food Stamp</b>                                              | \$75.00                                                      |
| <b>For the calendar year before that:</b><br><b>(January 1 to December 31, 2018 )</b> |                                                                | \$0.00                                                                            | <b>Social Security</b>                                         | \$11,604.00                                                  |
|                                                                                       |                                                                | \$0.00                                                                            | <b>Food Stamp</b>                                              | \$600.00                                                     |

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| <b>Creditor's Name and Address</b> | <b>Dates of payment</b> | <b>Total amount paid</b> | <b>Amount you still owe</b> | <b>Was this payment for ...</b> |
|------------------------------------|-------------------------|--------------------------|-----------------------------|---------------------------------|
|                                    |                         |                          |                             |                                 |

Debtor 1 **Cummings, Connie Ann & Willmon, Gary Ross**

Debtor 2 Case number (if known)

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

| Case title<br>Case number | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|-----------------|--------------------|
|---------------------------|--------------------|-----------------|--------------------|

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property | Date | Value of the property |
|---------------------------|-----------------------|------|-----------------------|
| Explain what happened     |                       |      |                       |

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?** No Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
| Explain what happened     |                                       |                       |        |

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?** No Yes**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?** No Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--------------------------------------------------------|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift and Address:          |                    |                          |       |

Debtor 1 Cummings, Connie Ann & Willmon, Gary Ross  
 Debtor 2 \_\_\_\_\_

Case number (if known) \_\_\_\_\_

## 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No  
 Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600       | Describe what you contributed | Dates you contributed | Value |
|----------------------------------------------------------------------|-------------------------------|-----------------------|-------|
| Charity's Name<br>Address (Number, Street, City, State and ZIP Code) |                               |                       |       |

**Part 6: List Certain Losses**

## 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No  
 Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss                                                                    | Date of your loss | Value of property lost |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------|------------------------|
|                                                          | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. |                   |                        |

**Part 7: List Certain Payments or Transfers**

## 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No  
 Yes. Fill in the details.

| Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------|-------------------|
| The Lemons Law Firm, PLLC<br>1921 N Pointe Dr Ste 201<br>Durham, NC 27705-2690                        | 0.00                                              |                                   | \$1,910.00        |

|     |  |            |
|-----|--|------------|
| SLS |  | \$2,836.00 |
|-----|--|------------|

|                                                                                                      |  |            |
|------------------------------------------------------------------------------------------------------|--|------------|
| Home Street Loans<br>12400 Ventura Blvd Ste 210<br>Studio City, CA 91604-2406<br>homestreetloans.com |  | \$3,000.00 |
|------------------------------------------------------------------------------------------------------|--|------------|

|     |                                 |            |
|-----|---------------------------------|------------|
| BSI | Paid them to get a modification | \$2,836.00 |
|-----|---------------------------------|------------|

|                                                                               |                              |            |
|-------------------------------------------------------------------------------|------------------------------|------------|
| Olympia Law Group<br>695 S Vermont Ave Ste 1701<br>Los Angeles, CA 90005-1349 | "To solve mortgage problems" | \$3,000.00 |
|-------------------------------------------------------------------------------|------------------------------|------------|

## 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

| Person Who Was Paid<br>Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---------------------------------------------------|-----------------------------------|-------------------|
|--------------------------------|---------------------------------------------------|-----------------------------------|-------------------|

Debtor 1 Cummings, Connie Ann & Willmon, Gary Ross

Debtor 2 Case number (if known)

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

| Person Who Received Transfer<br>Address | Description and value of<br>property transferred | Describe any property or<br>payments received or debts<br>paid in exchange | Date transfer was<br>made |
|-----------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|---------------------------|
| Person's relationship to you            |                                                  |                                                                            |                           |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No  
 Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was<br>made |
|---------------|---------------------------------------------------|---------------------------|
|---------------|---------------------------------------------------|---------------------------|

#### Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No  
 Yes. Fill in the details.

| Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code) | Last 4 digits of<br>account number | Type of account or<br>instrument | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance before<br>closing or transfer |
|--------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|---------------------------------------------------------------|--------------------------------------------|
|--------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|---------------------------------------------------------------|--------------------------------------------|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

| Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code) | Who else had access to it?<br>Address (Number, Street, City, State<br>and ZIP Code) | Describe the contents | Do you still<br>have it? |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------|--------------------------|
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------|--------------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No  
 Yes. Fill in the details.

| Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code) | Who else has or had access<br>to it?<br>Address (Number, Street, City, State<br>and ZIP Code) | Describe the contents                                        | Do you still<br>have it?                                               |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------|
| Brassfield Storage                                                             |                                                                                               | storage unit contains boxes<br>and a few pieces of furniture | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |

#### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

| Owner's Name<br>Address (Number, Street, City, State and ZIP Code) | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code) | Describe the property | Value |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|-------|
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|-------|

Debtor 1 **Cummings, Connie Ann & Willmon, Gary Ross**  
Debtor 2 \_\_\_\_\_Case number (*if known*) \_\_\_\_\_**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

| Case Title<br>Case Number | Court or agency<br>Name<br>Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|-------------------------------------------------------------------------------|--------------------|--------------------|
|---------------------------|-------------------------------------------------------------------------------|--------------------|--------------------|

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation  
 No. None of the above applies. Go to Part 12.  
 Yes. Check all that apply above and fill in the details below for each business.

|                                                                        |                                                                         |                                                                                                                                                       |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Describe the nature of the business<br>Name of accountant or bookkeeper | Employer Identification number<br>Do not include Social Security number or ITIN.<br>Dates business existed<br>EIN:<br>From-To April 2009 to July 2017 |
| UltraPath Imaging<br>2228 Page Rd Suite 105<br>Durham, NC 27703        | Ultrastructural Pathologist<br>None                                     |                                                                                                                                                       |

Debtor 1 Cummings, Connie Ann & Willmon, Gary Ross  
Debtor 2 \_\_\_\_\_Case number (*if known*) \_\_\_\_\_

|                                                                        |                                                                         |                                                                                  |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Business Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Describe the nature of the business<br>Name of accountant or bookkeeper | Employer Identification number<br>Do not include Social Security number or ITIN. |
| Thunderbird Construction<br>14 Kandes Court<br>Durham, NC 27713        | Construction/Home remodeling<br>none                                    | Dates business existed<br>EIN: 432-96-9469<br>From-To 2001 to February 2017      |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No  
 Yes. Fill in the details below.

Name  
Address  
(Number, Street, City, State and ZIP Code)

Date Issued \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Connie Ann Cummings

Connie Ann Cummings  
Signature of Debtor 1

/s/ Gary Ross Willmon

Gary Ross Willmon  
Signature of Debtor 2

Date January 6, 2020Date January 6, 2020

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No

Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Middle District of North Carolina, Durham Division**

In re Cummings, Connie Ann & Willmon, Gary Ross

Debtor(s)

Case No.

Chapter

13**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|                                                             |    |                 |
|-------------------------------------------------------------|----|-----------------|
| For legal services, I have agreed to accept .....           | \$ | <b>4,500.00</b> |
| Prior to the filing of this statement I have received ..... | \$ | <b>1,500.00</b> |
| Balance Due .....                                           | \$ | <b>3,000.00</b> |

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 6, 2020

Date

/s/ Carena Lemons

**Carena Lemons**

*Signature of Attorney*

**The Lemons Law Firm, PLLC**

**1921 N Pointe Dr Ste 201  
Durham, NC 27705-2690**

**Fax: (866) 302-5417**

**[carena@thelemonslawfirm.com](mailto:carena@thelemonslawfirm.com)**

*Name of law firm*

United States Bankruptcy Court  
Middle District of North Carolina, Durham Division

IN RE:

Case No. \_\_\_\_\_

Cummings, Connie Ann & Willmon, Gary Ross

Chapter 13

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: January 6, 2020

Signature: /s/ Connie Ann Cummings  
Connie Ann Cummings

Debtor

Date: January 6, 2020

Signature: /s/ Gary Ross Willmon  
Gary Ross Willmon

Joint Debtor, if any

Brock & Scott PLLC  
5431 Oleander Dr Ste 200  
Wilmington, NC 28403-5857

Bsi Financial Services  
Attn: Bankruptcy  
PO Box 517  
Titusville, PA 16354-0517

Bsi Financial Services  
101 N 2nd St  
Titusville, PA 16354-2115

Bullcity Financial Sol  
1107 W Main St  
Durham, NC 27701-2028

Capital Accounts LLC  
PO Box 140065  
Nashville, TN 37214-0065

Capital One  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130-0285

Capital One Bank USA N  
PO Box 30281  
Salt Lake City, UT 84130-0281

Creditors Collection  
4530 Old Cave Spring Rd  
Roanoke, VA 24018-3423

Firstpoint Coll Reso  
Roanoke, VA 24001

Lvnv Funding LLC  
Greenville, SC 29601

Midland Credit Managem  
320 E Big Beaver Rd  
Troy, MI 48083-1238

Trident Asset Manageme  
10375 Old Alabama Rd  
Alpharetta, GA 30004

US Dept of Ed/Glelsi  
2401 International Ln  
Madison, WI 53704-3121

USDOE/GLELSI  
Attn: Bankruptcy  
PO Box 7860  
Madison, WI 53707-7860

Fill in this information to identify your case:

|                                         |                                                       |
|-----------------------------------------|-------------------------------------------------------|
| Debtor 1                                | <b>Connie Ann Cummings</b>                            |
| Debtor 2<br>(Spouse, if filing)         | <b>Gary Ross Willmon</b>                              |
| United States Bankruptcy Court for the: | Middle District of North Carolina,<br>Durham Division |
| Case number<br>(if known)               |                                                       |

Check as directed in lines 17 and 21:

- According to the calculations required by this Statement:
- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
  - 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
  - 3. The commitment period is 3 years.
  - 4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|                                                                                                                                                                                                                                                                                                                                                      | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).                                                                                                                                                                                                                                               | \$ <u>1,284.53</u>   | \$ <u>0.00</u>                               |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.                                                                                                                                                                                                                                                 | \$ <u>0.00</u>       | \$ <u>0.00</u>                               |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | \$ <u>0.00</u>       | \$ <u>0.00</u>                               |
| 5. Net income from operating a business, profession, or farm                                                                                                                                                                                                                                                                                         | Debtor 1             |                                              |
| Gross receipts (before all deductions)                                                                                                                                                                                                                                                                                                               | \$ <u>0.00</u>       |                                              |
| Ordinary and necessary operating expenses                                                                                                                                                                                                                                                                                                            | -\$ <u>0.00</u>      |                                              |
| Net monthly income from a business, profession, or farm                                                                                                                                                                                                                                                                                              | \$ <u>0.00</u>       | Copy here -> \$ <u>0.00</u>                  |
| 6. Net income from rental and other real property                                                                                                                                                                                                                                                                                                    | Debtor 1             |                                              |
| Gross receipts (before all deductions)                                                                                                                                                                                                                                                                                                               | \$ <u>0.00</u>       |                                              |
| Ordinary and necessary operating expenses                                                                                                                                                                                                                                                                                                            | -\$ <u>0.00</u>      |                                              |
| Net monthly income from rental or other real property                                                                                                                                                                                                                                                                                                | \$ <u>0.00</u>       | Copy here -> \$ <u>0.00</u>                  |

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**Case number (*if known*) \_\_\_\_\_

7. **Interest, dividends, and royalties**  
 8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
 For your spouse ..... \$ **1,019.00**

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ **0.00** \$ **0.00**

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ **0.00** \$ **0.00**  
 \$ **0.00** \$ **0.00**  
 + \$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

|                    |                  |                      |
|--------------------|------------------|----------------------|
| \$ <b>1,284.53</b> | + \$ <b>0.00</b> | = \$ <b>1,284.53</b> |
|--------------------|------------------|----------------------|

Total average monthly income

## Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** ..... \$ **1,284.53**

13. **Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.  
 You are married and your spouse is filing with you. Fill in 0 below.  
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

|       |                                                  |                |             |               |
|-------|--------------------------------------------------|----------------|-------------|---------------|
| ..... | \$ .....<br>\$ .....<br>+\$ .....<br>Total ..... | \$ <b>0.00</b> | Copy here=> | - <b>0.00</b> |
|-------|--------------------------------------------------|----------------|-------------|---------------|

14. **Your current monthly income.** Subtract line 13 from line 12.

\$ **1,284.53**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> ..... \$ **1,284.53**

Debtor 1

Debtor 2

**Cummings, Connie Ann & Willmon, Gary Ross**Case number (*if known*) \_\_\_\_\_

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. ....

\$ 15,414.36

Debtor 1  
Debtor 2**Cummings, Connie Ann & Willmon, Gary Ross**Case number (*if known*) \_\_\_\_\_**16. Calculate the median family income that applies to you.** Follow these steps:16a. Fill in the state in which you live. NC16b. Fill in the number of people in your household. 2

16c. Fill in the median family income for your state and size of household.

\$ 60,946.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

- 17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. **Copy your total average monthly income from line 11 .** \$ 1,284.5319. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 0.0019b. **Subtract line 19a from line 18.** \$ 1,284.53**20. Calculate your current monthly income for the year.** Follow these steps:20a. Copy line 19b. \$ 1,284.53

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form \$ 15,414.3620c. Copy the median family income for your state and size of household from line 16c. \$ 60,946.00**21. How do the lines compare?**

- Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Connie Ann Cummings****Connie Ann Cummings**

Signature of Debtor 1

Date January 6, 2020

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**X /s/ Gary Ross Willmon****Gary Ross Willmon**

Signature of Debtor 2

Date January 6, 2020

MM / DD / YYYY

**United States Bankruptcy Court  
Middle District of North Carolina, Durham Division**

**IN RE:**

Case No. \_\_\_\_\_

Cummings, Connie Ann & Willmon, Gary RossChapter 13

Debtor(s)

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (Note: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR THE PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: \$ \_\_\_\_\_

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income: \$ 324.27

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

|                                                                                                            |          |
|------------------------------------------------------------------------------------------------------------|----------|
| 3. Net Employee Payroll (Other Than Debtor)                                                                | \$ _____ |
| 4. Payroll Taxes                                                                                           | \$ _____ |
| 5. Unemployment Taxes                                                                                      | \$ _____ |
| 6. Worker's Compensation                                                                                   | \$ _____ |
| 7. Other Taxes                                                                                             | \$ _____ |
| 8. Inventory Purchases (Including raw materials)                                                           | \$ _____ |
| 9. Purchase of Feed/Fertilizer/Seed/Spray                                                                  | \$ _____ |
| 10. Rent (Other than debtor's principal residence)                                                         | \$ _____ |
| 11. Utilities                                                                                              | \$ _____ |
| 12. Office Expenses and Supplies                                                                           | \$ _____ |
| 13. Repairs and Maintenance                                                                                | \$ _____ |
| 14. Vehicle Expenses                                                                                       | \$ _____ |
| 15. Travel and Entertainment                                                                               | \$ _____ |
| 16. Equipment Rental and Leases                                                                            | \$ _____ |
| 17. Legal/Accounting/Other Professional Fees                                                               | \$ _____ |
| 18. Insurance                                                                                              | \$ _____ |
| 19. Employee Benefits (e.g., pension, medical, etc.)                                                       | \$ _____ |
| 20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify): | \$ _____ |
| 21. Other (Specify):                                                                                       | \$ _____ |
| 22. Total Monthly Expenses (Add items 3-21)                                                                | \$ _____ |

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME**

23. **AVERAGE NET MONTHLY INCOME** (Subtract Item 22 from Item 2) \$ 324.27

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

---

**This notice is for you if:**

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

**The types of bankruptcy that are available to individuals**

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

**Chapter 7: Liquidation**

---

\$245 filing fee

\$75 administrative fee

+ \$15 trustee surcharge

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## Chapter 11: Reorganization

|                          |                        |
|--------------------------|------------------------|
| \$1,167                  | filing fee             |
| +                  \$550 | administrative fee     |
|                          | \$1,717      total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

---

### Chapter 12: Repayment plan for family farmers or fishermen

---

|       |                    |
|-------|--------------------|
| \$200 | filing fee         |
| +     |                    |
| \$75  | administrative fee |
|       |                    |
| \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

---

### Chapter 13: Repayment plan for individuals with regular income

---

|       |                    |
|-------|--------------------|
| \$235 | filing fee         |
| +     |                    |
| \$75  | administrative fee |
|       |                    |
| \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: [http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court  
Middle District of North Carolina, Durham Division**

**IN RE:****Cummings, Connie Ann & Willmon, Gary Ross**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **13**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

---



---

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Cummings, Connie Ann & Willmon, Gary Ross**

Printed Name(s) of Debtor(s)

**X /s/ Connie Ann Cummings**

Signature of Debtor

**1/06/2020**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Gary Ross Willmon**

Signature of Joint Debtor (if any)

**1/06/2020**

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

| MACYS RETAIL HOLDINGS INC, DBA Macy's<br>7 W. Seventh St.<br>Cincinnati, OH 45202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1-800-234-MACY'S<br>430398035                                     | Period Date 06/23/19 – 06/29/19<br>Payment Date 07/05/19<br>Payroll Name Weekly Retail Payroll<br>Check/Advice Number 7992521678 |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------|--------------------------------------|---------------------------------|------------------|--------|--|--|--|-------------|------------|----------|------------------------|--------|----------|-----------------|------------------|--------|--------------|--|--------|--------------|-------|--------|-------|--------|--------|----------------|--|--|--|--|--|--|-------|--------|----------------|--|--|--|--|--|--|------|-------|---------------------------------|--|--|--|--|--|--|------|-------|-------------------|--|--|--|--|--|--|------|-------|------------------|--|--|--|--|--|--|--|-------|
| Connie Cummings<br>12427824<br>07/05/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 71783<br>Streets Of South Point<br>Streets Of South Point - 71783 | Basis of Pay Non-Commission Hourly Associate or Hourly Executive                                                                 |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <b>Tax Withholding Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Type<br><b>FEDERAL</b><br>NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Marital Status<br>Married<br>Single or Married Filing Separately  | Allowances<br>1<br>1                                                                                                             | Additional Amount<br>0.00<br>0.00        |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <b>Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <b>Current Year to Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Gross Earnings</b><br>254.24<br>8,414.68                       | <b>Pretax Deductions</b><br>0.00<br>0.00                                                                                         | <b>Tax Deductions</b><br>20.44<br>860.72 | <b>After Tax Deduction</b><br>0.00<br>0.00 | <b>Net Pay</b><br>233.80<br>7,553.96 |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <table border="1"> <thead> <tr> <th colspan="6"><b>Earnings</b></th> </tr> <tr> <th>Description</th> <th>Start Date</th> <th>End Date</th> <th>Hrs/Unit</th> <th>x Rate</th> <th>x Factor</th> <th>=</th> <th>Current Hrs/Unit</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>Regular Pay</td> <td></td> <td></td> <td>22.70</td> <td>11.20</td> <td>1.00</td> <td></td> <td>254.24</td> <td>731.58</td> </tr> <tr> <td>Holiday Worked</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>11.14</td> <td>185.49</td> </tr> <tr> <td>Non Prod Hours</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>8.30</td> <td>91.30</td> </tr> <tr> <td>Save Actively 401k ER Match New</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2.61</td> <td>43.13</td> </tr> <tr> <td>Overtime Straight</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2.61</td> <td>28.99</td> </tr> <tr> <td>Overtime Premium</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>14.50</td> </tr> </tbody> </table> |                                                                   |                                                                                                                                  |                                          |                                            |                                      | <b>Earnings</b>                 |                  |        |  |  |  | Description | Start Date | End Date | Hrs/Unit               | x Rate | x Factor | =               | Current Hrs/Unit | YTD    | Regular Pay  |  |        | 22.70        | 11.20 | 1.00   |       | 254.24 | 731.58 | Holiday Worked |  |  |  |  |  |  | 11.14 | 185.49 | Non Prod Hours |  |  |  |  |  |  | 8.30 | 91.30 | Save Actively 401k ER Match New |  |  |  |  |  |  | 2.61 | 43.13 | Overtime Straight |  |  |  |  |  |  | 2.61 | 28.99 | Overtime Premium |  |  |  |  |  |  |  | 14.50 |
| <b>Earnings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Start Date                                                        | End Date                                                                                                                         | Hrs/Unit                                 | x Rate                                     | x Factor                             | =                               | Current Hrs/Unit | YTD    |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Regular Pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                                                                  | 22.70                                    | 11.20                                      | 1.00                                 |                                 | 254.24           | 731.58 |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Holiday Worked                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 | 11.14            | 185.49 |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Non Prod Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 | 8.30             | 91.30  |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Save Actively 401k ER Match New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 | 2.61             | 43.13  |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Overtime Straight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 | 2.61             | 28.99  |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Overtime Premium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  | 14.50  |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <table border="1"> <thead> <tr> <th colspan="6"><b>Pretax Deductions</b></th> </tr> <tr> <th>Description</th> <th>Current</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                                                                  |                                          |                                            |                                      | <b>Pretax Deductions</b>        |                  |        |  |  |  | Description | Current    | YTD      | Total                  |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <b>Pretax Deductions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Current                                                           | YTD                                                                                                                              |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <table border="1"> <thead> <tr> <th colspan="6"><b>Tax Deductions</b></th> </tr> <tr> <th>Description</th> <th>Current</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>Social Security EE W/H</td> <td>15.76</td> <td>521.71</td> </tr> <tr> <td>Medicare EE W/H</td> <td>3.68</td> <td>122.01</td> </tr> <tr> <td>FIT Withheld</td> <td></td> <td>100.00</td> </tr> <tr> <td>SIT W/H - NC</td> <td>1.00</td> <td>117.00</td> </tr> <tr> <td>Total</td> <td>20.44</td> <td>860.72</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                                                                                  |                                          |                                            |                                      | <b>Tax Deductions</b>           |                  |        |  |  |  | Description | Current    | YTD      | Social Security EE W/H | 15.76  | 521.71   | Medicare EE W/H | 3.68             | 122.01 | FIT Withheld |  | 100.00 | SIT W/H - NC | 1.00  | 117.00 | Total | 20.44  | 860.72 |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <b>Tax Deductions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Current                                                           | YTD                                                                                                                              |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Social Security EE W/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 15.76                                                             | 521.71                                                                                                                           |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Medicare EE W/H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3.68                                                              | 122.01                                                                                                                           |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| FIT Withheld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   | 100.00                                                                                                                           |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| SIT W/H - NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.00                                                              | 117.00                                                                                                                           |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20.44                                                             | 860.72                                                                                                                           |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <table border="1"> <thead> <tr> <th colspan="6"><b>After Tax(AT) Deductions</b></th> </tr> <tr> <th>Description</th> <th>Current</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                                  |                                          |                                            |                                      | <b>After Tax(AT) Deductions</b> |                  |        |  |  |  | Description | Current    | YTD      | Total                  |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <b>After Tax(AT) Deductions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Current                                                           | YTD                                                                                                                              |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| <b>Net Pay Distribution</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                                                                  |                                          |                                            |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |
| Check/Deposit Number<br>7992521678                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Bank Routing Number<br>253177049                                  | Account Type<br>CHECKING                                                                                                         | Currency<br>USD                          | Payment Amount<br>233.80                   |                                      |                                 |                  |        |  |  |  |             |            |          |                        |        |          |                 |                  |        |              |  |        |              |       |        |       |        |        |                |  |  |  |  |  |  |       |        |                |  |  |  |  |  |  |      |       |                                 |  |  |  |  |  |  |      |       |                   |  |  |  |  |  |  |      |       |                  |  |  |  |  |  |  |  |       |

\*\*For food service associates, tip and/or allowance may be applied toward minimum wage

\*\*Pay for overtime worked is displayed as two separate earnings: straight and premium. For example, if you worked one hour of overtime, you will receive one hour as "Overtime Straight" at 100% of your hourly rate and the same one hour as "Overtime Premium" at 50% of the greater of your hourly or regular rate. These earnings, when combined, equal your overtime pay (at time and a half). For non-commission associates, the hourly rate is your normal hourly rate; for Base + associates, it is your base rate; and for Draw v. Commission associates, it is your standard hourly rate (for CA associates only) or your hourly draw rate (for all associates outside CA). Your regular rate is defined in the Fair Labor Standards Act.

#### Net Pay Distribution

| Check/Deposit Number | Bank Routing Number | Account Type | Currency | Payment Amount |
|----------------------|---------------------|--------------|----------|----------------|
| 7992521678           | 253177049           | CHECKING     | USD      | 233.80         |

MACYS RETAIL HOLDINGS INC, DBA Macy's  
7 W. Seventh St.  
Cincinnati, OH 45202

12427824

Date  
2019-07-05

\*\*\*Two hundred thirty-three and 80/100 dollars\*\*\*

233.80

#### Pay to the Order of

Connie Cummings  
14 Kandes Ct  
Durham, NC 27713

**EARNINGS STATEMENT ONLY – NON NEGOTIABLE**

**United States Bankruptcy Court  
Middle District of North Carolina, Durham Division**

NOW COMES the undersigned attorney for the Debtor(s), and makes application for payment of attorney fees.

The undersigned prepared the petition, schedules and plan and has represented the Debtor(s) in all proceedings in this matter.

The undersigned believes that \$ **4,500.00** is a fair and reasonable fee for services to the Debtor(s) and has received from the Debtor(s) \$ **1,500.00**, with \$ **3,000.00** remaining to be paid.

No agreements have been made and no understanding exists for a division of fees between the undersigned and the Trustee or between the undersigned and the Debtor(s).

No compensation has been paid or promised and no property has been transferred or promised to the undersigned as compensation for services rendered or to be rendered in connection with this case, other than as set forth herein. Except as specially noted hereon, the undersigned has neither shared nor agreed to share compensation with any other person other than the members or regular associates of the law firm with which the undersigned is associated.

WHEREFORE, the undersigned prays that an Order be entered allowing a fee of \$ \_\_\_\_\_, with the balance of \$ \_\_\_\_\_ to be paid through the disbursements by the Trustee.

Date: January 6, 2020

/s/ *Carena Lemons*

**Attorney for Debtor**

**State Bar Code No.**

**CERTIFICATE OF MAILING**

This is to certify that I have this day served a copy of the Application For Base Fee on the Chapter 13 Trustee.

Date: \_\_\_\_\_

---

**Carena Lemons**